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AUTHOR King, Sarah Sanderson
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ABSTRACT

To determine what factors either alone or together interact to create ethnic variations in mental health care use in the State of Hawaii, a study interviewed subjects who were randomly selected from the higher income area of Diamond Head/Kahala and the lower income area of Kalihi/Palama. Ethnic groups studied included Caucasian, Japanese, Chinese, Filipino, and Hawaiian/part Hawaiian. The interviewees were of the same sex and ethnic extraction as the persons they interviewed. Responses indicated the following: (1) no significant differences among ethnic groups on what constitutes a "problem" but significant ethnic differences in the quality and the ranking of problems experienced; (2) no significant ethnic differences in the occurrence of stress symptoms during either the open-ended or the structured portions of the interview; (3) no significant differences between ethnic groups in regard to help-seeking behaviors; (4) significantly more male worry and sleeplessness over job-related problems but significantly more female depression, anger, and physical distress from family problems; and (5) no significant group differences in the level of satisfaction with help received. Appendixes include listings of respondents' occupations by ethnic group, types and frequency of problems, and frequencies of help-seeking behaviors cited. (HOD)

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PROBLEM DEFINITION AND PROBLEM SOLVING AMONG THE FIVE MAJOR ETHNIC GROUPS IN HAWAII

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by

Sarah Sanderson King
Professor and Chair
Department of Communication
University of Hawaii-Manoa

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Hawaii is a multi-cultural society, in which no one ethnic group is a majority. Fourteen different ethnic groups are listed in the census of Hawaii,[1] with five of these comprising 86.5% of the population--Caucasian, Japanese, Chinese, Filipino, and Hawaiian/part/Hawaiian. The racial diversity and multiple roots of Hawaii's people creates a culturally rich environment, but also one that is extremely complex in terms of assessing mental health care needs.

STATEMENT OF THE PROBLEM

In the State of Hawaii, 31% of those who seek professional help from community mental health centers and other public helping facilities are Caucasian or "Haole." It is estimated by persons involved in mental health services that if private health care facilities were included in this accounting, Caucasians, who comprise 25.7% of the total population in Hawaii in 1979, would total 70% of all those in Hawaii seeking mental health care. This disproportionate amount of Caucasians versus other ethnic groups who utilize these facilities raises several researchable questions regarding potential variability among different ethnic groups in regard to their (1) perceptions of problems, (2) help-seeking behaviors and (3) use of natural helpers or alternate health care services. More specifically, what factors either alone or together interact to create these ethnic variations in mental health care use. These issues formed the basis for a projected 42 month study of the "Natural Helping

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[1]Caucasian, Japanese, Filipino, Hawaiian, Chinese, Korean, Black, Samoan, Vietnamese, American Indian, Guamanian, Asian Indian, Eskimo, and Aleut. State of Hawaii Census Data Book, 1980.

Networks Among Ethnic Groups in Hawaii."[2] The analysis of these three issues was divided into three separate but interdependent studies: (1) an exploratory study in problem definition, types of problems and symptoms experienced and patterns of help-seeking behaviors utilized to cope with problems; (2) a help-seeking behavior survey aimed at discovering problem analysis procedures, help-seeking behavior patterns and relationships between various types of problems and various help-seeking behaviors; and (3) a series of case studies of natural helpers aimed at locating the antecedents for choosing such helpers, their methods of dealing with problems and the levels of satisfaction associated with their use.[3]

This article summarizes the issues raised and results indicated by the data in the exploratory study of problem definition. Two issues in particular are discussed in detail--(1) ethnic variability in the definitions of the concept "problem," including the types of problems experienced and the effects of these on the individual; and (2) problem solving or patterns of help-seeking behaviors utilized in coping with these problems and the levels of satisfaction associated with these behaviors.

METHODOLOGY FOR THE "PROBLEM-DEFINITION" INTERVIEW

Sample. The subjects for the interviews were randomly selected from two mental health catchment areas--(1) Diamond Head/Kahala which is relatively high to middle income and (2) Kalihi/Palama which is lower-middle to low income.

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[2]NIMH Grants (#1 RO1 MH 35193-01) and (#5 RO1 MH 35193-02).

[3]S.S. King, Natural helping networks among ethnic groups in Hawaii, Year 1, Honolulu: NIMH Grants #1 RO1 MH 35193-01 (Year 1) and #5 RO1 MH 35193-02 (Year 2), February 1983.

Initial identification of ethnicity was made by last name as it appeared in the Oahu Cross-Reference Street Address Telephone Directory, confirmed (or not confirmed) through a telephone call soliciting participation in the study, and then verified again at the end of the interview with a questionnaire requesting descriptive data such as age, sex, income, ethnicity, education, and length of residence in Hawaii.

It took approximately one hour of calling to obtain one positive contact. Although five times the number of desired interviewees was drawn initially, this was not sufficient. Reasons given for not participating included too busy, not interested, or not qualified to participate. Another problem was the spoken language, especially among the Filipino population. As soon as it became apparent that this would be a difficulty in completing a random sample, especially of Filipino women, an interviewer was hired who spoke Ilocano which was the predominant Filipino dialect of those persons who had been called.

Interviewers and interview protocol. The interviewees were of the same sex and ethnic extraction of the persons whom they interviewed. All of the interviewers were either students at the University or recent graduates. Several training sessions were held. The first included an introduction to the project and simulation exercises in the use of the questionnaire and the protocol of the interview. Tape recorders were distributed and practice exercises were conducted for the open-ended portion of the interview. The consent forms were explained. After the first interview, the interviewers returned for another session in which these interviews were discussed and questions answered. Several individual training sessions were established for those still having difficulty with parts of the interview process. Monitoring of the interviews continued with spot-checks of the tapes by the Principal Investigator or the head Research Assistant.

Questionnaire. Two types of interviewing techniques were employed. In order to avoid biasing responses regarding problems, symptomology, help-seeking behaviors and utilization of coping resources, the first section of the interview was open-ended. After this open-ended interview, the interviewee completed a structured questionnaire to elicit further information regarding experiencing and seeking help and help-seeking behaviors and resources.

The questionnaire design was first tested with a pilot run of 12 interviews with people from the five ethnic groups. The second draft was tested in Spring 1982 with 34 students in the Communication Networks class who, after an initial training session, conducted 34 interviews. From their suggestions another draft was constructed which they tested--this time matching interviewer/interviewee ethnic group and sex as would be done in the final study. From this second round, another draft was made and after the initial training of the interviewers hired for the grant, the questionnaire was tested again for applicability in a first interview by each interviewer. This questionnaire was then used.

The open-ended portion of the interview was designed to elicit information about the kinds of problems people perceive themselves as having, how these problems affect them personally, what they do about them or plan to do, to whom do they talk about these problems, how they resolve these problems and how satisfied they were with these resolutions and/or the people or places they went to for help. The interview would open with a discussion first of the best things that had happened in the last year, followed by the problems. If necessary, the interviewee was prompted to discuss job, friend, family, money, neighborhood, and health problems, if any. If the information was not provided spontaneously, each problem was taken separately to discuss how it affected the respondent

personally, to whom or where did he/she go for help, and how satisfied was the respondent with the help received. At this point in the interview, the pace would be varied by having the interviewee complete the first part of the close-ended questionnaire.

This first part of the close-ended questionnaire was designed to elicit information regarding experiencing a variety of stressful life events, transitions, or crises such as illness of family member, change in job, and divorce. A majority of these 71 items included were adopted from two questionnaires (Lieberman & Glidewell, 1978; Nan Lin, 1980). A few items which were specifically relevant to Hawaii such as "sudden increase in rent," were also included. After each respondent was asked to check the events that happened to him or her during the preceding 12 months, he or she was also asked the level of importance of the event (from very important to not important at all), the level of positiveness or negativeness of the event, the approximate time when the event occurred, whether or not he or she talked with anybody, if so, who or where were the sources, and lastly the level of satisfaction with the help received from the sources. These six questions were asked for each event that the respondent checked.

At this point, the interviewer would resume tape recording the interview. Taking each problem which had been checked on the list, the respondent would be asked how each one of these events affected him/her personally.

In the second part of the close-ended questionnaire, information regarding symptoms of emotional stress, psychological disturbance as well as general physical disturbance was sought. Forty-one items ranging from "bothered by something that usually doesn't bother you" to "have any thoughts about possibly ending your life" were included. All of the 41 items were adopted from the previously mentioned Lieberman and Glidewell and Nan Lin studies. The respondent

checked the symptoms that he or she had experienced during the previous 12 months, the approximate time when the symptom occurred, and the level of importance of the symptom.

At this point in the interview, another attempt was made to check on any relationship which might exist between the problem and the symptom. The tape recorder was turned on again, and taking each of the symptoms which had been checked, the respondent would be asked if he/she knew of any problem with which the symptom had been associated.

The last part of the structured questionnaire was designed to gather the basic socio-demographic information about each respondent including length of stay in Hawaii, occupation, educational level, income, marital status, the first language, age, sex, and ethnic group (see Appendix I for a sample questionnaire). The question regarding ethnicity was "which ethnic group do you consider yourself a member of?" Statistics regarding ethnicity in Hawaii are based on self-identification, including those in the State of Hawaii Data Book. Except for the Health Surveillance Survey which is based on biological heritage, the Department of Education, the Honolulu Police Department Research Development Unit, the Department of Planning and Economic Development, all use self-identification as a criterion of ethnicity of their respective clients.

People in Hawaii "talk story" about their ethnicity, their backgrounds, and self-define their ethnicity, thus defining for themselves their self-image and their behavior within a particular cultural group in Hawaii.

> . . . George DeVox (1972) defines an ethnic group as "some self-perceived group of 'people' that share a past." This definition of ethnicity clearly differs from socially or bureaucratically conceived census definitions. Classification according to descent may or may

not be self-perceived. It has been pointed out that linking culture directly with a population group on the basis of race (descent) is racist. Self-perception, therefore, must be considered if the link between behavior and group is to be meaningful. (McDermott, Tseng, & Maretzki, 1980)

Interview process. With a few exceptions the interviews were conducted in the home of the interviewee. The others took place at the University. Before each interview a consent form for participation was read and signed by the interviewees and the interviewers. Because of the language problems in reading English which were encountered, the consent form was translated into Japanese and into Ilocano and Tagalog for those who could not fluently read English, even though their conversational abilities in English might not reflect this. The tape recorded portion of the interviews lasted from 35 minutes to two and one-half hours. Those interviews conducted in Ilocano were then transcribed into English for analysis purposes.

Preparation of data for analysis. An extremely rich body of data was obtained from the two-part interview.[4] The steps in the process of analysis for the open-ended, tape-recorded portion of the interview included (1) recording verbatim on cards the words used to describe problems and their symptoms, to define the concept problem, and to indicate help-seeking behaviors; (2) the coding of this information into the categories which were established by the research team and validated with a subset of five persons from each of the five ethnic

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[4]First described in a paper by S.S. King and D.P. Cushman, "Ethnic Support Systems: An Overview with Some Preliminary Findings," (International Communication Association Conference, Health Division, Boston, Massachusetts, May 1-5, 1982) which analyzed the first 30 interviews with an emphasis on the support behaviors.

groups; (3) entering this data on code sheets for ready computer card punching; (4) writing computer programs to answer questions posed by the study; (5) checking data entries on code sheets and on print-outs for accuracy; (6) conducting the analyses. For the structured portion, the information was entered into the computer as it appeared on the questionnaire.

Training sessions were conducted for the persons who were to prepare the interview data for analysis. The first interviews prepared were checked for accuracy by three to five persons and any discrepancies were discussed and perceptions clarified. Many of the interviews, because they were recorded in homes, were set against a background of playing children, barking dogs, squawking pet birds, and even vacuum cleaners. These interviews had to be listened to more than once to be able to record the exact words. Some of the interviews were conducted in Pidgin English (which all of our interviewers were able to adapt to readily), and we could use only local persons with the same facility to work with the interview tapes.

Each interview was recorded on cards by one person and checked by at least one other in order to insure the accuracy of what was said. In addition the Principal Investigator listened to each of the tapes, verifying what was recorded on the cards as she listened. Before any of the recording was done, the recorders and the Principal Investigator discussed the questions which formed the basis of the study--(1) the degree of ethnic variability in the definition of the concept "problem"; (2) the degree of ethnic variability in the types of problems which people perceive themselves as having; (3) the prevalence among ethnic groups of the identification of symptoms indicative of emotional stress; (4) the degree of self-perceived causal relations between problems and symptoms;

(5) the help-seeking behaviors and resources utilized by persons in coping with their problems; (6) the ethnic variability in the help-seeking behaviors and resources; (7) the level of satisfaction which people have with the help-seeking behaviors and resources reported; (8) if natural helping networks or natural helpers appear to be emerging in the initial data.

From these questions, it was determined that each recorder would take down verbatim what each interviewee said regarding the definition of a problem, the types of problems occurring, how each of these problems affected the person, where did the interviewee go for help or to whom did he/she talk, and what was the level of satisfaction. Each one of the responses in these areas was put on a separate card, with batches ranging from 10 cards to 82 for separate interviews.

Each interview was then coded into categories by at least two persons to insure the validity of the results, with the Principal Investigator checking the final categorization of each entry for all 150 interviews. The conceptual categories for coding were determined on the basis of the responses in the first 30 interviews analyzed by King and Cushman (May 1982), and then revised as new categories would assert themselves in the coding of the additional 120 interviews.

Although it had been naively believed (at least by the Principal Investigator) that the symptoms or the ways in which the problems would affect the respondents would fit neatly into a manageable number of categories for easy coding, 86 affect behaviors or symptoms were recorded. These had been sorted by two persons working independently from the initial 30 interviews, who derived nine major categories under which 70 of these were lumped and several other categories which defined such classification into clusters. Since the two coders were both male and both Haole, it was felt that the validity of this clustering might be called

into question and the best way to check this out would be to have persons from both sexes from all five ethnic groups sort the symptoms and then a comparison would be made.

To validate (or invalidate) the categorizing, five subjects of each of the five ethnicities were each given 12 envelopes and the 82 concepts on 82 slips of paper. Each person was instructed to use more than one and no more than the 12 envelopes provided, and to place terms that seemed more alike to them in an envelope. The average number of envelopes used by the 25 respondents was 8.32, remarkably close to the 9 used in the initial categorization. The range was from 7.0 envelopes for the Hawaiian respondents to 9.6 for the Japanese. No respondent used less than 5 nor more than 11 of the 12 envelopes provided.

Differences among the various ethnicities in their sorting into the nine categories were trivial, with no single term consistently sorted into some other category. Three words did emerge which fit the definition of being sorted into some other category consistently as often as into the original ones. "Giving up" was sorted almost equally into the Depression category and the assigned Disappointment category. "Tired" was sorted almost equally into the Illness category and the assigned Depression category, and "Defensive" was sorted almost equally into the Isolation category and the assigned Uneasiness category. Since no one of these was sorted predominantly into either category, the original categories were kept.

These data points (103 problems, 86 affects, 34 behaviors, and 6 kinds of satisfaction associated with behaviors) were stored in the computer.

Data analysis. The unstructured portion of the interview was subjected to a basic SPSS (Statistical Package for the Social Sciences) descriptive analysis and a special Fortran co-occurrence matrix analysis. The descriptive analysis was employed to obtain frequency counts on the basic variables of the study

problems affects, behaviors and satisfaction measures as well as frequencies, means and standard deviations on the demographic data. The co-occurrence matrix analysis was employed to analyze two separate sets of data: (1) an ethnicity x sex x problem x affect matrix was constructed and (2) and ethnicity x sex x problem x help-seeking behavior matrix was constructed. Statistical tests were then run by sex and by ethnic groups employing chi-square analyses for identifying group differences.

The structured portion of the interview was analyzed using the SPSS computer program. The initial analysis comprised a simple frequency count of the number of respondents who mentioned each stressful life event, degree of importance, degree of negativeness or positiveness of each event, approximate time when the event occurred, whether or not he/she should help, sources of help he/she utilized, and level of satisfaction with the help. Simple frequency counts were also conducted for the number of respondents who mentioned each symptom, approximate time when the symptom occurred, and degree of importance of each symptom to the respondent. Then the differential occurrence of each event and symptom by ethnic group was analyzed using crosstabs.

The total number of events and symptoms a respondent mentioned was calculated and broken down by ethnic groups to determine ethnic variability and subsequently broken down by sex and marital status for further analysis. Each source (spouse, parent, relative, friend, social agencies, etc.) mentioned by each respondent was counted and broken down by ethnic group. To investigate the relationship of certain events with certain symptoms, correlations of 71 events with 41 symptoms (in terms of the time that each occurred) were calculated.

RESPONDENTS PROFILE

The basic socio-demographic data for the respondents from the five major ethnic groups in Hawaii who agreed to take part in this study were summarized. In addition to length of stay in Hawaii, occupational status, education, and age, information was collected as to the first language, marital status, and income.

The Japanese sample was found to have stayed in Hawaii the longest with a mean of 46.87 years with many of them answering that they had lived in Hawaii all their lives. The Caucasian respondents lived the shortest time in Hawaii with a mean of 17.37 years, followed closely by the Filipino respondents with a mean of 18.90 years. The Chinese were the closest to the overall mean with 34.30 years average stay in Hawaii, but there was a greater variance for length of stay in Hawaii than for any other ethnic group.

Occupation was coded for occupational prestige using the Treiman (1977) scale, where the minimum possible score would be 9.3 (shoeshiner) and the maximum possible score would be 88.9 (member of the President's cabinet). Two problems arose in the use of the Treiman scale. First, no ranking procedures were utilized for the occupation "housewife." In our sample two Caucasians, four Chinese, three Filipinos, two Hawaiians and one Japanese were thus excluded from the occupational analysis. This exclusion is particularly distorting in regard to the Japanese sample where the ten retired workers had average income distributions as follows: three persons had incomes between $5,000 and $9,999 per year, one person had an income between $10,000 and $14,999 per year, three persons had incomes between $20,000 and $24,999 per year, one person had an income between $30,000 and $39,999 per year, and two persons had incomes between $50,000 and $59,999 per year. The results of these distributions of the Treiman

occupational scale are that income which is analyzed later may be a better indicator of occupational status by ethnic group than the Treiman scale. According to the Treiman scale, Caucasian respondents have the highest occupational status while the Filipino respondents have the lowest occuptional status. The second highest occupational status was reported by the Japanese respondents, followed by the Chinese, and Hawaiian. The difference among the five ethnic groups in terms of occupational status (utilizing the Treiman scale) was statistically significant when tested by the one-way analysis of variance ($p < .0001$). The respondents cited 75 different occupations (for a complete list of these occupations and the number of respondents who cited each, see Appendix A).

In terms of education, the Caucasian respondents have the highest level of education with a mean of 15.57 years and the Filipino respondents have the lowest educational level with a mean of 12.24 years. The Chinese respondents had the second highest educational level (14.90 years) followed by the Hawaiian (14.07 years) and Japanese (13.51 years). One of the reasons why the Japanese sample may have a lower level of education than the other ethnic groups is that a number of older respondents were included who had not had the opportunity to obtain for themselves a college education. The majority of the respondents, however, had finished high school or had some college education. The Hawaiian sample had the most homogenous group as far as education was concerned ($SD = 2.12$). The difference among the five ethnic groups in terms of education was significant ($p < 0.004$).

As mentioned above, Japanese respondents have the highest average age with a mean of 49.9 years of age, followed by the Filipino, Caucasian, Chinese, and Hawaiian respondents have the lowest average with a mean of 39.57. Among all the socio-demographic factors, the lowest level of statistical significance was for age.

In terms of income, the Japanese sample had the highest income level with 60.0% earning $25,000 or more, and 26.6% making more than $40,000 annually. Income was measured by the total annual family income before taxes. The second highest income group was the Caucasian sample with 56.6% making more than $25,000 annually. Next was the Chinese sample followed by the Hawaiians with 44.7% and 41.30% respectively. The Filipino sample had the lowest income level with only 24.1% reporting an income greater than $25,000 and with no one of the Filipino respondents reporting earnings of more than $40,000 a year. Conversely, 20.6% of the Chinese sample have incomes below $20,000, 26.6% of the Japanese, 33.4% of the Caucasians, 51.7% of the Hawaiians and 65.5% of the Filipino samples.

Most respondents reported English as their first language, with the exception of the Filipino sample. Nearly 77% of the Filipino sample reported their first language as Ilocano or Tagalog; 23.3% of the Chinese reported Chinese as their first language; and 3.3% of the Japanese reported Japanese as their first language. Since a majority of the Filipinos in Hawaii are still first generation immigrants, they keep their Mother tongue as their first language. It can only be supposed, at this time, that this may be true for a number of the Chinese also.

The majority of the respondents reported themselves as married (72% of the total sample), with 13.3% single, 4.0% divorced, 2.7% separated, 5.3% widowed, and 2.7% living with somebody. The Japanese sample had the highest percentage of married respondents which may be one of the reasons why the Japanese sample had the highest income level since income was measured by the total family income and Hawaii has a history of two wage earners in the family. This latter

fact may be because the State of Hawaii has one of the highest costs of living in the United States.

DEFINITION OF THE CONCEPT "PROBLEM"

The analysis of the definition of the concept "problem" began by classifying responses to the open-ended portion of the interview into one of five categories: (1) emotional or feeling; (2) unexpected or unanticipated events; (3) something that evolves or grows without solution; (4) impossible to define categorically, or generally is an individual matter; and (5) needs others to solve.

There were no significant differences in the way the concept problem was conceived among the ethnicities, but sex difference by ethnic interaction was present. Both males and females predominantly were coded as classifying the concept problem as "impossible to define categorically or generally is an individual matter." However, there was a sex by ethnicity interaction in regard to the second rank definition with 20 females (including 60% of the Caucasian females) responding by defining problems as "emotional or feeling."

The definitions were analyzed further by having them typed verbatim on sheets according to sex and ethnic group. Three persons separately read the definitions as classified for each sex of each ethnic group and made a determination as to "impressions" received based on repeated use of words, level of abstraction, specific ailments or problems used to define the concept, and ability to understand and to answer the question posed "how do you define the concept, problem?" These three impressions were compared. There were no major differences, with the three "impressions" complementing each other. A

consensus for the five ethnic groups as to overall impressions of the definitions of the concept problem was prepared.

For the Caucasians, there was a more abstract approach (as compared to concrete examples or defining a problem by giving a problem) to the defining of the "concept" problem. For the males the locus of control was more external, something outside which could not be controlled, whereas for the female the locus was internal, "something inside of you," "which I don't understand," "which irritates or disturbs." In general there was a need for a solution, for more time to explore, for help to solve the problem which was difficult to control or handle. The physical and mental affects of a problem were disturbing and interferred with "personal happiness" and a "personal life."

For the Chinese, there was a low level of abstraction with concrete based problems given as definitions. The locus of control was more internally based for females with the concept "problem" being defined as headaches or depression, whereas for the males, the locus was more outside with such problems cited as communication, wife, car, arguments, neighbors, property, privacy, health, with the exception of one male who named anxiety, stress and tension in his definition. A problem was something which was personally "frustrating" and "disappointing," which "interrupts," which "gets in the way."

For the Filipinos, there was difficulty in abstracting and a tendency to define problem with a problem. Most males could not understand the question whereas the females appeared to have more understanding. The definitions were very personal for both sexes, with the females finding the problems as something needing a solution, but stating their inability to solve them. The males also found a problem as something needing a solution, but unlike the females they felt a strong need for resolution.

For the Hawaiians, a problem was something that was personally debilitating, something you have to solve and that makes you uneasy. The locus of control was internal and very personal in scope. A problem was something that does not agree with you, and involves "anxiety," "unhappiness" and "stress." A problem was often family oriented, something that causes "heartache." Other definitions included "lack of love," "value conflict," "two forces not moving in harmony," something outside the "comfort zone."

For the Japanese, there was a general difficulty with "concept," and there was much talking around the question; either the question was not understood or they did not wish to answer. A problem was something that took time to solve and could be solved with time and care, but it was better to mind your own business and not go digging for trouble. Problems were seen as conflicts, as threatening, as frustrating. Specific problems were cited but few definitions of problem--"can't get along with people," "world economy," "conflict of job and kids," "something that threatens family, security, kids," "work," and "cash." The locus of control appeared to be external.

Taking into account both the classification of the concept "problem" into categories and the content analysis of the definitions themselves, the locus of control appeared to be external for the Japanese, internal for the Hawaiians and the Filipinos, internal for the Chinese and Caucasian females, and external for the Chinese and Caucasian males. Although both males and females for all five of the ethnic groups had difficulty in categorically defining the concept and preferred to consider a problem as an individual matter, the females were more apt to internalize the concept of problem and describe it as experiences of frustration, irritation, and disappointment. The most graphic of all were

the Hawaiian definitions of problem as "heartache," "two forces not moving in harmony," "lack of love," and something outside the "comfort zone."

TYPES OF PROBLEMS

In the open-ended portions of the interview, 103 different types of problems were mentioned spontaneously by our sample (see Appendix B), while in the structured portion of the interview 71 problems or stressful life events were responded to by our sample (see Appendix C). Table 1 contains a listing of the frequency of problems reported by each ethnic group in the two portions of the interview.

Table 1: Frequency of Problems Reported by Members of Each Ethnic Group in the Two Portions of the Interview

	Caucasian	Chinese	Filipino	Hawaiian	Japanese	Total
Open-ended	252 23%	188 17%	235 22%	266 24%	150 14%	1091
Mean	7.9	6.1	7.8	9.2	5.0	
Structured	185 19%	145 15%	108 11%	200 25%	101 10%	999
Mean	6.2	4.8	5.5	6.6	3.3	

First, it is noteworthy that the proportion of problems reported by each ethnic group is very similar (as reflected in percent of total responses) for both the unstructured and structured portions of the interview.

Second, it is noteworthy that there are significant differences among ethnic groups in the number of responses, with the Hawaiian sample reporting the largest number of problems followed by the Caucasians, Filipinos, Chinese and Japanese respectively on both the structured and unstructured portions of the interview. Hawaiians reported in the unstructured portion an average of 9.2 problems per respondent while the Japanese experienced only 5.0 per respondent, followed by Caucasians 7.9, Filipinos 7.8, and Chinese 6.1.

Two indexes of problem rankings were constructed. One was based on frequency of respondents citing the problem; the other based on intensity of responses (See Tables 2 and 3). While the most frequent sets of responses were similar across ethnic groups--63 respondents citing money management problems, 73 health problems, and 57 respondents citing job status problems out of 150 respondents--the rank ordering of the problems by ethnic group differed significantly in regard to both the frequency and intensity according to our indexes.

The Chinese, Filipino, and Hawaiian respondents ranked money management as the first problem with 18, 17, and 18 respondents from these respective groups experiencing the problem (see Table 2). The Caucasian and Japanese samples ranked health problems first with 19 and 13 respondents experiencing these problems. Most noteworthy is the fact that money management, job status and health problems appear in the top rankings of all but the Hawaiians. For the Hawaiians, two of the three do occur (money management and job status) with health problems being significant by their absence. However, when we turn our attention to Table 3 , all three occur in the top four ranks when intensity becomes the measure. Problems with close relatives are important to both the Chinese and Hawaiians while death in the family is important to both the Caucasians and the Japanese.

Within the money category, in the open-ended portion of the interview, problems with management (76 respondents), with housing (33 respondents), and general statements about money (27 respondents) were most frequent with a significant difference at the .009 level for general statements with Caucasians, Filipinos, and Hawaiians being most concerned. The most frequently mentioned problem for the total sample was "money, situation a lot worse than usual" reflecting the general economic problem to be found throughout the United States.

TABLE 2: Rank of Problems Based on Frequency

(Number of Respondents Citing Problem)*

Unstructured Portion

Caucasian		Chinese		Filipino		Hawaiian		Japanese	
1. Health	(19)	1. Money Management	(18)	1. Money Management	(17)	1. Money Management	(18)	1. Health	(13)
2. Money Management	(12)	2. Health	(15)	2. Health	(16)	2. Job Status	(13)	2. Job Status	(12)
3. Job Status	(10)	3. Problem/ Close Relative	(10)	3. Job Status	(12)	3. Problem/ Close Relative	(12)	3. Money Management	(11)
4. Bureaucracy	(10)	4. Job Status	(10)	4. Job Loss	(12)	4. Child Obedience	(11)	4. Health/ Child	(09)
5. Death in Family	(10)	5. Money/ Housing	(09)	5. Problem/ Close Relative	(10)	5. Communication	(11)	5. Death in Family	(08)
6. *Child Obedience*	*(09)*			6. *Communication*	*(09)*	6. *Neighborhood Characteristics*	*(10)*		
						7. *Health*	*(10)*		
						8. *Money/Housing*	*(09)*		

*This information was obtained by charting problems within ethnicities and choosing those that had been cited by the most number of respondents within each ethnicity.

TABLE 3: Rank of Problems Based on Intensity
(Problems Mentioned Most Often by Respondents)*
Unstructured Portion

Caucasian	Chinese	Filipino	Hawaiian	Japanese
1. Health	1. Health	1. Health	1. Money Management	1. Health
2. Job Status	2. Money Management	2. Money Management	2. Health	2. Job Status
3. Money Management	3. Job Status	3. Job Loss	3. Job Status	3. Money Management
4. Bureaucracy	4. Problem/ Close Relative	4. Job Status	4. Problem/ Close Relative	4. Death in Family
5. Death in Family	5. Money/Housing	5. Economy	5. Child Obedience	

*This information was obtained from each respondent. The intensity of each problem (the number of times mentioned in an interview) was calculated for each respondent and the problems ranked for that respondent. These rankings were then compared across ethnicity to receive a ranking for that group of respondents.

Out of the total 150 respondents on the unstructured portion, 38 checked this event with 12 of these or 31.5% being Hawaiian. The third most frequently mentioned event was "sudden increase in rent" with 33 respondents mentioning it. This stressful event was mostly experienced by Filipinos (12 out of 30) and Hawaiians (10 out of 30) while several Caucasians (6) and Chinese (5) also reported the event. No Japanese reported the event. The Japanese in the sample have lived the longest in the islands, compared to the more mobile Filipinos and Hawaiians, and probably own their own homes. This was reflected also in the housing problem (category: money) with the Japanese (2 respondents) being the lowest with the other ethnic groups having from 7 to 9 persons indicating problems. Filipino respondents also reported the highest incidence of moving within the same city (9 out of 30 subjects) on the structured questionnaire, with the Filipinos (5 out of 30) and the Hawaiians (5 out of 30) reporting the most problems with relocation or moving in the open-ended portion of the interview. The negative reporting of money problems was countered by 30 respondents fairly evenly distributed among the five ethnic groups who reported a "major improvement in money situation" in the structured portion of the interview.

For the purposes of this analysis, the health problems were collapsed into one category with 48.7% of the population reporting such problems for Caucasians (19), Filipinos (16), Chinese (15), Japanese (13), and Hawaiians (10). These reports were of health problems which the interviewees were experiencing. In addition, there were reports of illness in the family (16 respondents) and health of a child (18 respondents) being a concern. Twenty-nine of the 103 problems were affects which were reported as problems. These included being unable to cope or hopelessness, crying, depressed, lonely, mentally or emotionally fatigued, inability to concentrate, can't get up in the morning, lack of enthusiasm, anger or irritability, frightened, loss of memory, anxious, nervous,

suicidal, sadness, sleeplessness or worried, undecisive, no sex, bothered, upset, uptight or tense, sleepy, and bored. In addition, various other complaints or affects were considered problems--tension, headaches, changes in eating habits, shaking or trembling, and getting weak. The significant items in the affects as problems category were the number of respondents for worried or sleeplessness (13) with the 4 Caucasians, 3 Chinese, 5 Filipino, 1 Japanese, and no Hawaiians responding, and for anger or irritability with 6 persons responding, 4 of whom were Chinese. This is particularly interesting because in the study of affects as reported in answer to the question "how did this problem affect you personally," there were 54 persons specifically citing worried or sleeplessness (10 Caucasians, 15 Chinese, 11 Filipinos, 6 Hawaiians, and 12 Japanese), and 70 respondents citing anger or irritability (18 Caucasians, 17 Chinese, 8 Filipinos, 16 Hawaiians, 11 Japanese). In the list of 29 affects as problems, 76% of the affects were cited by Hawaiians; 66% by Filipinos; 62% by Caucasians; 52% by Chinese; and 41% by Japanese

Within the job category, job status was most frequently mentioned (63 respondents) with co-worker relationships (28), job loss (29), and the general job market (25) following. The most significant of these was job loss ($p < .002$) with 12 out of 29 being Filipino, and 9 out of the remaining 17 being Hawaiian. "Troubles at work" was checked on the structured questionnaire by 30 respondents, frequently experienced by Caucasians (10), Filipinos (8), and Hawaiians (8) but infrequently by Japanese (2) and Chinese (2). The negative reporting of job problems had its positive counterpart in 30 respondents, reporting "significant success at work or outstanding personal achievement."

Within the family category, problems with a close relation such as grandparent, uncle, aunt, and sibling (46 respondents), with relationship difficulty with spouse (38 respondents), with obedience problem with a child (38

respondents), and with death in the family (29 respondents) were the most frequently mentioned. The relationship problems and problem with relatives were two problems which varied little in frequency among ethnic groups. The death in the family problem was not statistically significant but did appear in the top ranking problems based on frequency, with the Caucasians and the Japanese most affected. The obedience problem was farily consistent across ethnicities except for the Japanese who reported the lowest number of problems. Collapsing the problems associated with children which included schooling, health, obedience, and child abuse, the Hawaiians were consistently higher with problems with children and the Japanese the lowest.

In the structured portion of the interview, "troubles with children over discipline, freedom, etc." was reported by 29 respondents with more Hawaiian respondents (12) experiencing it than any other ethnic group members. This could be because the Hawaiians are a younger, more mobile group. The Japanese could be the lowest because they average the oldest in the sample and may not have children at home.

Table 4: Problems Associated with Children

	Caucasian	Chinese	Filipino	Hawaiian	Japanese	Total
Schooling	1	2	4	8	1	16
Health	3	4	1	6	4	18
Obedience	9	7	8	11	3	38
Child Abuse	0	1	2	1	0	4
TOTAL	13	14	15	26	8	76

"Major decisions regarding the future" (36 respondents) on the structured questionnaire and problems with the future (30 respondents on the open-ended portion) ranked high among the problems most frequently mentioned, placing

second out of 71 on the structured portion and 8.5 out of 103 on the open-ended. Theft was also a problem for 27 respondents, and trouble with the bureaucracy for 29, with the Caucasians (10), Hawaiians (8), and Filipinos (6) experincing the most difficulty.

Communication was a problem for 24% of the total sample. Filipinos, Hawaiians, and Caucasians shared the most difficulty. Coupled with problems of self-esteem and prejudice, the frequency of responses ranges from Hawaiians (20), Caucasians (14), Filipinos (12), Japanese (7), and Chinese (5).

Neighborhood problems were experienced by 37.3% (as reported in the open-ended portion of the interview) with a re-mention by 17.3% on the structured questionnaire. On both portions it was the Filipinos and Hawaiians who experienced the most difficulty, with general neighborhood characteristics and personal value differences being cited most often as the causes.

Third, the rankings for the structured portion of the interview in which 71 events were given to the respondents for consideration consisted only of looking at the frequency count for various problems. Among the Caucasian respondents, major change in eating habits (10) and troubles at work (10) ranked the highest, followed by illness of family member (8) and nervousness or emotional difficulties (8). Among the Chinese sample, major decisions regarding the future (12) was ranked the highest, followed by money situation getting worse (9) and significant success at work or outstanding personal achievement (8). Among the Filipino sample, a sudden increase in rent (12) was followed by a

move within the same city (9), nervousness or emotional difficulties (8), troubles at work (8), and troubles in the neighborhood (8). Among the Hawaiian sample, money situation much worse (12), troubles with children (12) major decision regarding the future (11) was followed by a sudden increase in rent (10), troubles with in-laws (10), and troubles in the neighborhood (9). Among the Japanese sample, the highest were illness of a family member (6) and change in responsibilities at work (6).

For the structured interview, both the level of importance and the level of positiveness and negativeness for each event were sought. In many cases there were only a few respondents (often just one or two) who checked each event. For this reason averaging the data does not have much meaning and the information should be interpreted as for specific cases rather than for a representative sample.

Fourth, an attempt was made to determine differences if any, which might be correlated with the socio-demographic variables for the structured portion of the interview only. Even though female respondents reported a slightly larger number of events on the average than male respondents, the difference was not statistically significant.

In terms of marital status, those who were living with somebody but not married, experienced the largest number of events with a mean of 9.25, followed by singles with a mean of 8.25. Divorced respondents reported the average of 7.00 stressful life events while married respondents reported to have experienced 4.74 events. Those respondents who were separated reported the smallest number of events with a mean of 2.75 and the next smallest number was reported by those who were widowed (Mean = 3.87). Since the number of respondents in categories

other than the married group was so small, the results should be interpreted as specific cases rather than representative of each category. Also, since the number of respondents in each category was so disparate, the result of analysis of variance would be misleading, and therefore was not reported.

At the individual level, the number of events in the structured portion which a respondent experienced was found to be significantly correlated with several socio-economic variables when measured by Pearson correlation. It was statistically significant and negatively correlated with the length of stay ($r = -.34$, $p < .001$) and age ($r = -.48$, $p < .001$). The shorter a respondent stayed in Hawaii and the younger a respondent was, the larger the number of events he or she experienced. The correlation between the number of events one reported and the level of education was statistically significant and positive ($r = .30$, $p < .001$). The correlation between the number of events and occupational status was statistically significant but weak ($r = .13$, $p < .05$).

TYPES OF AFFECTS AND SYMPTOMS

It was assumed that it may not be the problems themseves which would determine the types of coping behaviors which would follow, but the ways in which these problems would affect their hosts personally. Therefore the types of affects and symptoms which people had associated with these problems were studied also.

Both of these terms, affects and symptoms, are used interchangeably in this section. The affects were received when the interviewee was asked "how did this problem affect you personally?" or when such information was reported spontaneously within the context of the interview. The symptoms were the list of ways people might have been affected by the problems they had. This list was given to them to check during the structured portion of the interview.

There was a total of 79 affects reported and 41 symptoms. Although all of the affects or symptoms could be construed as coping mechanisms, most of them also could be construed as negative ways of going about coping with problems. The exceptions among these reported spontaneously by the respondents were "trying to change or seeking change" (Caucasians--12, Filipino--8, Hawaiian--5, Chinese--3, and Japanese--2); "accepting," "learning to live with it," "doing what has to be done" (Japanese--18, Caucasian--12, Chinese--12, Hawaiian--12, Filipino--5); "beneficial," "helps me to cope," "helps me to grow" (Caucasian--12, Hawaiian--11, Filipino--8, Chinese--5, Japanese--3). From this, the Japanese appear to be the most accepting of what has happened to them without attempting to change, which fits in with their definition of the locus of control as external. With Caucasians, Hawaiians, and Filipinos, there is a sense of accepting and learning to live with it, but also an attempt to seek or try to change, and if accepting, to turn the event into something beneficial. The Chinese appear to be much like the Japanese but without the same intensity. There was a significant difference in the responses to "accepting."

On the open-ended portion, the most frequently mentioned affects were anger or irritation, worried or sleeplessness, depression, hopeless, inability to cope, tension, and economizing. With the exception of economizing (which was not a choice in the structured portion), these were the symptoms marked most frequently in the structured portion also.

Those symptoms or affects which were significant and had at least eight respondents total were depression and tension. Among the Caucasians, being angry and feeling depressed or irritated were the two most frequently

cited symptoms, followed by being worried or sleepless, being unable to cope or feeling hopeless, tightness or tension, and unable to get going. Among the Chinese, anger was the most frequently cited symptom, followed by worried, sleepless, depression, tension, and economizing. Among the Filipinos, worried and sleeplessness was the most frequently mentioned symptom, followed by tension and anger. Among the Hawaiians, anger or irritation was the most frequently mentioned symptom, followed by depression and economizing. Among the Japanese, worried and sleeplessness, and anger or irritation, were the most frequently mentioned symptoms, followed by depression, tightness or tension and trouble remembering things.

At this point in time, further differences among the ethnic groups were completed for the structured portion only. There was some difference in that sample in the average number of symptoms cited by respondents in each ethnic group reported. Among the five ethnic groups, the Caucasian sample reported the largest average number of symptoms with a mean of 6.93 followed by the Filipino sample with a mean of 6.76. the Hawaiian sample was the next with a mean of 5.20 followed by the Japanese sample (Mean = 4.46) and the Chinese sample with the smallest mean of 4.26. The difference among ethnic groups, however, was not statistically significant.

The female respondents reported a slightly larger number of symptoms with a mean of 5.84 compared to the number reported by the male respondents with a mean of 5.21, but the difference was not statistically significant.

In terms of marital status, those who were living with somebody but not married reported the largest number of symptoms with a mean of 9.50 followed by the single respondents with a mean of 7.40, and divorced respondents with

a mean of 7.33. The smallest number of symptoms was reported by those who were widowed with a mean of 3.87 followed by the separated respondents with a mean of 4.50. Married respondents were somewhat in the middle with a mean of 5.09.

At the individual level, the number of symptoms a respondent reported was statistically significant and negatively correlated with the length of stay in Hawaii ($r = -.24$, $p < .01$) and age ($r = -.24$, $p < .01$). The longer a respondent stayed in Hawaii and the older he or she was, the smaller the number of symptoms he or she reported. The number of symptoms a respondent reported was also found to be statistically significant and to have a positive, even though weak, correlation with one's occupational status ($r = .17$, $p < .05$) and the level of education ($r = .19$, $p < .05$). The higher a respondent's occupational status and the higher his or her level of education, the larger number of symptoms he or she reported.

TYPES OF HELP-SEEKING RESOURCES UTILIZED

The same list of help-seeking resources was utilized for both portions of the interview.

Table 5: Frequencies of Major Help-seeking Behaviors Cited by Respondents

	Caucasian	Chinese	Filipino	Hawaiian	Japanese	Total	%
Husband/Wife	14	13	12	16	12	67	44.7
Doctor	18	11	17	7	12	65	43.3
Friend	18	11	7	16	10	62	41.3
Self	9	10	13	16	10	58	38.7
Relative	8	8	9	11	6	42	28.0

In examining the results from the open-ended portion, the wife or husband was the first choice (67 respondents, 44.7%), doctor was the second (65 respondents, 43.3%), friends the third (62 respondents, 41.3%), self the fourth (38.7%), and

relatives fifth (42 respondents, 28%). In Appendix D can be found a complete listing of help seeking behaviors by respondents. The only significant difference at the .05 level was doctor as a source with the Hawaiians being lowest (7) in utilization of a doctor and the Caucasians (18) highest followed by the Filipinos (17). However, since the Hawaiians did not define their problems in medical terms and thus had expressed significantly less medical problems than the Caucasians, this may account for the differences.

CO-OCCURRENCE MATRIX

Several co-occurrence matrices were developed. First, the ethnicity x problem x symptom matrices showed no significant effects. Second, the ethnicity x problem x helping behavior showed no significant effects. However, there was a significant effect for the sex x problem x symptoms matrices in several areas. Males experienced significantly more worry and sleeplessness in regard to job related problems than did females. On the other hand, females experienced significantly more depression in regard to family problems, anger in regard to family problems, physical difficulties in regard to family problems and depression in regard to child obedience problems than did males. Finally, there was a significant main effect for depression in regard to many problems for both sexes in our sample.

LEVEL OF SATISFACTION WITH HELP

The level of satisfaction with the help received varied as to whether this help was from family or friends or from persons or agencies outside of the family grouping.

Although there was no significant difference between groups with the level of satisfaction of help received, there were more satisfied than

unsatisfied people in all. The Caucasians expressed a greater degree of satisfaction with all helping resources than any other ethnic group, followed by the Japanese, Filipino, Hawaiian, and Chinese respectively.

SUMMARY

Our ethnically matched interviewers, employing both open-ended and structured interview protocol, revealed the following general patterns of responses to these issues in our multi-ethnic sample.

First, there were no significant differences between ethnic groups in regard to the definition of the concept problem across the five groups, but sex difference by ethnic interaction was present for females only. The most frequently cited definitions of the concept problem were classified as (1) "impossible to define categorically or generally an individual matter" listed by 65 respondents; (2) "emotional or feeling" listed by 30 respondents; and (3) "something that evolves or grows without solution" listed by 30 respondents out of a sample of 150 respondents. The sex by ethnicity interaction was in regard to the "emotion or feeling" definition with 20 females, among these 60% of the Caucasian females, responding in this manner.

Second, there were significant ethnic differences in regard to the quality of problems experienced and the ranking of problems experienced. Hawaiians experienced an average of 9.2 problems per respondent while the Japanese experienced only 5.0 per respondent, Caucasians 7.9, Filipinos 7.8, and Chinese 6.1 per respondent. Two indexes of problem rankings were constructed--one based on frequency of respondents having the problem, the other based on intensity of response. While the most frequent set of responses was similar across ethnic groups--76 respondents citing money management problems, 73 health problems and 63 respondents

citing job status problems out of 150 respondents--the rank ordering of these problems by ethnic group differed significantly in regard to both frequency and intensity according to our indexes. The Caucasian and Japanese samples placed health first and death in family fifth while the Chinese, Filipino and Hawaiian samples placed money management first and money/housing, problems with close relatives, and communication fifth for their respective groups.

Third, there were no significant differences between ethnic groups in regard to the occurrence of symptoms of stress on both the open-ended and structured portions of the interview. The most frequently cited symptoms of stress on both the open-ended and structured portions of the interview were anger cited by 70 respondents, worry and sleeplessness (50), tension (50), and depression cited by 49 respondents out of a sample of 150.

Fourth, there were no significant differences between ethnic groups in regard to help-seeking behaviors. The most frequently cited individuals who were turned to for help were husbands/wives reported by 67 respondents, doctors (65), friends (62), self (58), and relatives reported by 42 respondents out of a sample of 150 respondents. The Hawaiians were the lowest (7) in utilization of a doctor with the Caucasians highest (18) followed by the Filipinos (17), Japanese (12), and Chinese (11) respectively.

Fifth, while there were no significant co-occurrence of ethnicity x problem x symptoms x help-seeking behaviors across our five groups there were significant sex differences in regard to the co-occurrence of problem and symptoms in several areas. Males experienced significantly more worry and sleeplessness in regard to job-related problems than did females. On the other hand, females experienced significantly more depression in regard to family problems, anger in regard to family problems, physical difficulties in regard to family problems, and depression in regard to child obedience problems than did males.

Finally, there was a significant main effect for depression on money problems and job status problems across all groups and sexes in our sample.

Sixth, although there was no significant difference between groups with the level of satisfaction of help received, there were more satisfied than unsatisfied people in all. The Caucasians expressed a greater degree of satisfaction with all helping resources than any other ethnic group, followed by the Japanese, Filipino, Hawaiian, and Chinese respectively.

DISCUSSION

Several important theoretical and methodological problems were raised by this study. They can be conveniently divided into three categories: (1) problems with the random sample; (2) problems with the demographic profile; (3) problems with the ordering of data.

First, our random sampling procedures yielded an unusually low response rate. While 34% of the Caucasians and 30% of the Hawaiians contacted agreed to interviews, only 22% of the Japanese, 16% of the Chinese and 14% of the Filipinos agreed to be interviewed when contacted. The demographic data on the samples will be checked against demographic data drawn from the two catchment areas to see if there is any systematic principle biasing the data.

Second, our random sample of the two catchment areas yielded ethnic groups who have been in Hawaii a very long time, 17.37 years for Caucasians, 18.90 for Filipinos, 34.03 for Chinese, 38.63 for Hawaiians and 46.87 for Japanese respondents. Given these rather lengthy time intervals for socialization into a common culture it may be too much to expect substantial ethnic differences by the groups sampled. This is probably true when one considers the average age of the respondents in comparison with length of stay. The

average age of Caucasians was 43.83 years, Chinese 43.73 years, Filipinos 45.33 years, Hawaiian 39.50 years, and Japanese 49.90 years. Twenty-seven of the Hawaiians were born in Hawaii, 23 of the Japanese, 15 of the Chinese, 5 Filipinos, and 3 Caucasians. The remainder of each group arrived here at the average age of 9 for Hawaiians, 12 for Japanese, 19 for Chinese, 35 for Filipinos, and 29 for Caucasians.

Third, in the preliminary stage of this project while both the open-ended and structured portions of the interviews indicated differences in regard to the ranking of problems, those rankings may be an artifact of the researchers indexing procedures. The respondents were not asked to rank the problems. The rankings were constructed from other less direct procedures. In the second stage of the project, rankings will be determined by respondents to check if ethnic differences are artifacts of the indexing procedures or sample characteristics.

Several important theoretical and methodological finds were generated by this preliminary study. They can be conveniently divided into four categories: (1) the significant effect which age and length of stay has upon problems and affects; (2) the significant commonalities across ethnic groups regarding problems, affects and helping behaviors; (3) the significant differences across ethnic groups regarding both the frequencies and rankings of problems; and (4) the significant effect of sex on problems and affects.

First, it is important to note that we found a moderately negative correlation between length of stay in Hawaii and age and number of problems experienced. This suggests that the problems we have discussed are more serious for the new arrivals and young than for those who have been in Hawaii a relatively long time and are older. This raises the possibility of a strong

socialization effect to the primary culture in Hawaii by the majority of our sample which have been in Hawaii a long time and are middle-aged.

Second, there were significant commonalities across ethnic groups in regard to money management, health and job status problems suggesting that the most serous problems confronting each ethnic group were essentially the same, yielding the same symptoms of stress and helping behaviors. It may be that these three types of problems are so intense that they minimize ethnic diversity. It will be interesting in the second stage of the project to see if while the helpers the respondents turn to are similar--husband/wife, doctor, friends--the role they perform in helping varies by ethnicity.

Third, in spite of length of stay and age suppressors we did find significant ranking differences in regard to problems by ethnic groups. The Caucasian and Japanese concern over death in the family, the Chinese, Filipino and Hawaiian concern with problems involving close relatives as well as the Hawaiian problems with child obedience and communication, may foretell the presence of important cultural forces which differ between these groups in regard to the frequency and types of problems experienced. While the symptoms of stress and help-seeking behaviors in dealing with these problems appear similar, they do vary in frequency and impact by ethnic group.

Finally, the rather strong male/female differences in regard to the symptoms of stress following from a problem suggests that males are more job-oriented while females are more family-oriented and that in the latter case, the symptoms of stress range from the psychological depression and anger to actual physical disorders representing a deeper and more serious order of intensity.

In this first stage of the study we have concentrated on problem definition, the effects of these problems on people, and have approached the concept of problem solving or the coping mechanisms employed to bring about some level of relief and satisfaction in dealing with these problems. The second stage of the study will be an in-depth study of problem solving--(500 interviews of 100 per ethnic group) with an emphasis on the process at the various stages of decision making. We are analyzing this data now and should have a second "report" to offer soon on what we have found.

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Appendix A

Occupation of Respondents by Ethnic Group

CAUCASIAN

electrical engineer	1
biologist	1
physician	1
medical assistant	1
professional nurse	1
computer programmer	1
legal advisor without degree	1
university professor	1
designer	1
photographer	1
social worker	1
advertising executive	1
minor civil servant	2
secretary	1
transport dispatcher	1
office clerk	1
labor contractor	1
sales manager	1
insurance agent	1
sales clerk	1
restaurant owner	1
waiter	1
soldier	1
retired	2
housewife	2
student	1

CHINESE

draftsman	1
civil engineering technician	1
mechanical engineering technician	1
medical assistant	1
professional accountant	1
legal advisor without degree	1
teacher	1
photographer	1
high civil servant	1
secretary	1
government clerk office	1
clerk	1
retail manager	1
real estate agent	4
steward	1
cook	1
waiter	1
fireman	1
retired	4
housewife	4
student	1

FILIPINO

medical assistant	2
uncertified nurse	1
teacher's aide	1
office clerk	1
cook's helper	1
waiter	2
hotel chambermaid	2
janitor	1
barber	1
fireman	1
cannery worker	1
machine operator in factory	1
garbage mechanic	1
factory worker	1
laborer	3
retired	4
housewife	3
unemployed	2
student	1

HAWAIIAN

electrical engineer	1
pharmacist	1
high school teacher	1
middle school teacher	1
primary school teacher	1
pre-primary school teacher	1
secretary	2
telephone operator	1
retail manager	2
service station manager	1
shop keeper	1
sales manager	1
market trader	1
private shop manager	1
coffee shop operator	1
working proprietor	1
waiter	2
fireman	1
new worker seeking employment	1
retired	3
housewife	2
student	1

JAPANESE

architect	1
civil engineer	1
engineer, ne.e.c.	1
engineer's aide	1
accountant	1
special education teacher	1
translator	1
business executive	1
secretary	2
post office clerk	1
office clerk	2
real estate agent	1
sales clerk	1
manager (catering and lodging service)	1
building caretaker	1
telephone installer	1
retired	10
housewife	1

Appendix B

Problems and Frequencies of Respondents Who Reported Each
(Unstructured Portion)

	Caucasian	Chinese	Filipino	Hawaiian	Japanese	Total	Percent
FRIENDS							
Can't make friends	1	1	1	0	0	3	
Can't keep, hold retain friends	1	0	0	0	0	1	
Friendship differences of lack of congruity	4	5	4	5	3	21	
Events severing friendship	3	3	3	6	3	18	
Lack of commitment	1	0	0	1	1	3	
Death of friend	1	3	0	1	1	6	
Number of subjects reporting any of the above	6	8	6	9	6	35	23.3
FAMILY							
In-laws making demands	4	2	1	6	3	16	
Parental care	8	4	1	2	1	16	
Escape desired from parental influence	0	0	1	0	0	1	
Parental interferences	1	1	2	4	3	11	
Relationship difficulty with spouse	8	5	8	9	8	38	
Independent behavior of spouse	1	0	1	0	0	2	
Problem with close relation; grandparent, uncle, aunt, sibling	7	10	10	12	7	46	
School problem with child	1	2	4	8	1	16	
Health problem with child	3	4	1	6	4	18	
Obedience problem with child	9	7	8	11	3	38	
Child Abuse	0	1	2	1	0	4	

	Caucasian	Chinese	Filipino	Hawaiian	Japanese	Total	Percent
Several relations with whom having problems; parent, child, uncle	1	3	1	2	2	9	
Death in the family	10	4	2	5	8	29	
Tied down with _____	0	0	1	0	0	1	
Drinking problem in family	0	0	1	0	0	1	
Rape	0	0	1	0	0	1	
Illness in family	1	4	2	3	6	16	
Family smokes pot	0	0	1	1	0	2	
Suicide in family	0	0	0	1	0	1	
Number of subjects reporting any of the above	22	20	23	26	20	111	74.0
JOB							
Job status: in terms of income, prestige, or challenge	16	10	12	13	12	63	
Coworker relationship	7	4	8	6	3	28	
Job loss; RIF, layoffs, bankruptcy	4	2	12	9	2	29	
General job market; employer, union	6	5	6	5	3	25	
Number of subjects reporting any of the above	21	16	21	19	17	94	62.7
NEIGHBOR							
Class of style differences; military-civilian; ethnic	0	0	2	0	0	2	
Incidents violating social rules	2	4	2	3	2	3	

	Caucasian	Chinese	Filipino	Hawaiian	Japanese	Total	Percent
Estrangement; don't know them; keep distance	1	0	0	1	0	2	
Neighbor's traits or disposition; personal value difference	7	4	5	2	3	21	
General neighborhood characteristics	4	6	7	10	3	30	
Number of subjects reporting any of the above	11	11	12	15	7	56	37.3
MONEY							
Housing	7	7	8	9	2	33	
Services; health; transportation; leisure	5	3	5	3	2	18	
General statement	8	1	10	6	2	27	
Money management	12	18	17	18	11	76	
Broad social or systematic perspective; economy	3	2	2	3	1	11	
Number of subjects reporting any of the above	22	23	25	23	15	108	72.0
OTHER							
Smokes pot	0	0	3	1	0	4	2.7
Mental problem	8	4	4	6	1	23	15.3
Bureaucratic, legal	10	3	6	8	2	29	19.3
Communication, sharing independence	8	4	9	11	4	36	24.0
Educational	4	3	3	5	1	16	
Future, concern for	5	6	5	9	5	30	
Fixing, repairing something	2	0	0	2	0	4	
Motivation, opportunity or stability, lack of	1	0	0	2	0	3	

	Caucasian	Chinese	Filipino	Hawaiian	Japanese	Total	Percent
Prejudice, discrimination	4	0	2	5	2	13	8.7
Esteem, self-control, acceptance, lack of	2	1	1	4	1	9	
Sex	3	1	1	2	2	9	
Theft, crime, violence	6	7	3	5	6	27	
Transportation	1	6	1	4	1	13	
Relocation, moving	3	1	5	5	1	15	
Wife's employment	1	1	3	2	2	9	
Drinking, drunkeness	4	1	1	1	1	8	
Bothered by things in general; all problems	1	0	1	0	0	2	
Culture shock	2	1	0	0	1	4	
English problem	0	2	0	0	0	2	
Problem with age	0	2	1	2	1	6	
No problems at all	0	0	0	1	1	2	
HEALTH							
Number of subjects reporting health-type problems	19	15	16	10	13	73	48.7
FIANCE, FIANCEE, OR LIVE-IN PARTNER							
Number of subjects reporting Fiance, Fiancee, or Live-in partner type problems	3	3	3	4	2	15	10.0
AFFECTS PERCEIVED AS PROBLEMS							
Accepting, learning to live with it, bear it, doing what has to be done	0	0	0	1	1	2	

	Caucasian	Chinese	Filipino	Hawaiian	Japanese	Total
Crying	2	0	1	2	0	5
Depressed	2	1	0	2	0	5
Unable to cope/hopeless	0	0	1	1	1	3
Mentally fatigued/emotionally fatigued	0	0	0	1	0	1
Can't concentrate	2	0	0	2	1	5
Get up in morning	1	0	0	1	0	2
Lack enthusiam	1	0	0	0	0	1
Angry, irritated, furious	0	4	1	1	0	6
Frightened	1	0	1	1	2	5
Loss of memory	1	1	1	0	1	4
Anxious	1	0	0	1	0	2
Nervous	1	0	1	0	0	2
Heart race	1	0	0	0	0	1
Tension	0	0	2	2	1	5
Headaches	0	2	0	0	0	2
Fat/diet/eating habits	0	2	2	2	0	6
Shaking or trembling	0	0	1	0	2	3
Suicide	0	0	0	1	0	1
Sad	0	0	0	1	0	1
Worried, sleepless	4	3	5	0	1	13
Undecisive	1	0	0	1	2	4

	Caucasian	Chinese	Filipino	Hawaiian	Japanese	Total
No sex	0	0	0	1	0	1
Bothered	0	0	0	1	0	1
Upset	0	1	0	0	0	1
Uptight or tense	0	1	0	0	0	1
Got weak	0	0	1	0	0	1
Bored	0	0	1	0	0	1
Sleepy	0	0	1	0	0	1

Appendix C

KING 47

Frequencies of Respondents Who Reported Each Event
(Structured Portion)

No.		Caucasian	Chinese	Filipino	Hawaiian	Japanese	Total
1.	Move within the same city	6	3	9	2	1	21
2.	Move to different city	1	2	0	2	0	5
3.	Sudden increase in rent	6	5	12	10	0	33
4.	Stop steady dating	2	1	0	3	1	7
5.	Increase in argument w/ boy/girl friend	2	0	4	2	1	9
6.	Engaged	1	0	2	0	0	3
7.	Break engagement	0	0	0	1	0	1
8.	Married	0	0	2	3	2	7
9.	One of your children got married	2	0	2	3	3	10
10.	Divorced	0	0	0	0	0	0
11.	Marital separation	1	0	1	2	0	4
12.	Marital reconciliation	0	0	1	1	0	2
13.	Separated temporarily	7	1	0	1	2	11
14.	Troubles with in-laws	3	2	5	10	3	23
15.	Birth of the first child	0	2	1	0	1	4
16.	Birth of another child	0	0	4	1	1	6
17.	Child left home	0	1	0	0	3	4
18.	Serious physical illness, injury	5	2	4	5	3	19
19.	Begin or end school	1	3	5	5	0	14
20.	Change school	0	1	0	3	0	4
21.	Difficulties in school	3	1	2	4	0	10
22.	Death of husband or wife	0	0	0	0	0	0
23.	Death of child	0	0	0	0	1	1
24.	Death of brother of sister	1	0	0	0	2	3
25.	Death of parent	3	0	0	3	1	7
26.	Death of other family member	5	5	1	2	4	17
27.	Death of close friend	1	1	0	1	2	5
28.	Parents divorced	0	0	0	0	0	0
29.	Parents remarried	0	0	0	0	0	0

No.		Caucasian	Chinese	Filipino	Hawaiian	Japanese	Total
30.	Illness of family member	8	7	4	5	6	30
31.	Pregnancy	0	1	2	2	0	5
32.	Menopause	2	0	1	2	0	5
33.	Miscarriage	0	0	0	0	1	1
34.	Frequent minor illness	6	5	7	2	0	20
35.	Nervousness or emotional difficulties	8	5	8	2	3	26
36.	Abortion	0	0	0	0	0	0
37.	Sexual difficulties	2	1	1	2	1	7
38.	Major change in sleeping habit	6	6	4	1	2	19
39.	Major change in eating habit	10	6	4	4	4	28
40.	Started work	2	1	7	4	4	18
41.	Change in job	4	5	5	5	1	20
42.	Change in responsibilities at work	5	3	3	6	6	23
43.	Laid off temporarily	0	0	1	4	1	6
44.	Expanded business	3	0	1	2	2	8
45.	Business failing	1	1	0	0	2	4
46.	Trouble at work	10	2	8	8	2	30
47.	Fired or out of work	3	0	1	3	1	8
48.	Retirement	0	1	0	1	2	4
49.	Spouse started to work	2	2	1	1	1	7
50.	Spouse changed jobs	1	3	1	3	2	10
51.	Spouse laid off temporarily	0	0	1	1	0	2
52.	Spouse fired or out of work	1	0	0	1	0	2
53.	Spouse retired	0	0	0	0	1	1
54.	Money situation much worse	7	9	6	12	4	38
55.	Money situation better	6	6	5	8	5	30
56.	Significant success	7	8	6	7	3	31
57.	Credit rating difficulties	2	1	2	3	0	8
58.	Major purchase or mortgage	5	5	1	3	1	15
59.	Spent time in jail	0	0	0	0	0	0
60.	Arrested	0	0	0	0	0	0
61.	Law suit or legal action	4	1	3	2	0	10
62.	Loss of driver's license	1	0	0	0	0	1

No.		Caucasian	Chinese	Filipino	Hawaiian	Japanese	Total
63.	Minor violations of law	3	1	2	1	0	7
64.	Personal loss or robbery	5	3	2	0	1	11
65.	Improvement in relation	2	6	4	6	1	19
66.	Serious argument	5	2	1	1	2	11
67.	Loss contact with close friend	3	2	2	2	4	13
68.	Major decision regarding future	4	12	5	11	4	36
69.	Trouble with children	5	4	6	12	2	29
70.	Children dropped out of school	0	0	0	0	0	0
71.	Troubles in the neighborhood	2	6	8	9	1	26
Total		185	145	168	200	101	799

Appendix D

Frequencies of Help-Seeking Behaviors Cited

	Caucasian	Chinese	Filipino	Hawaiian	Japanese	Total	Percent
Husband/wife	14	13	12	16	12	67	44.7
Parent	4	5	6	9	5	29	19.3
Child	3	3	1	6	2	15	10.0
Relative	8	8	9	11	6	42	28.0
Friend	18	11	7	16	10	62	41.3
Co-worker	9	5	4	2	5	25	16.7
Neighbor	7	5	2	4	5	23	15.3
Doctor	18	11	17	7	12	65	43.3
Nurse	0	1	0	0	0	1	0.7
Teacher	1	1	3	1	0	6	4.0
Clergy	2	1	1	4	2	10	6.7
Lawyer	6	1	2	4	2	15	10.0
Counselor/therapist	5	0	2	6	1	14	9.3
Police	1	4	2	3	1	11	7.3
Social worker	0	1	0	0	0	1	0.7
Service Organization (Legal Aid, Salvation Army, etc.)	1	2	0	2	1	6	4.0
Government agencies (Dept. of Health, etc.)	4	1	1	3	2	11	7.3
Community group	4	1	0	3	2	10	6.7
Financing or credit group	1	3	2	3	1	10	6.7
Counseling	1	0	0	1	0	2	1.3
Church	0	1	1	3	1	6	4.0
Self-help group	0	0	0	2	1	3	2.0

Frequencies of Help-Seeking Behaviors Cited

	Caucasian	Chinese	Filipino	Hawaiian	Japanese	Total	Percent
Veteran's Administration	1	0	0	0	0	1	0.7
Spiritualist	1	0	0	0	1	2	1.3
Self	9	10	13	16	10	58	38.7
Employment agency	1	0	1	0	0	2	1.3
Boss	6	3	6	5	1	21	14.0
Psychiatrist/psychologist	3	0	0	3	1	7	4.7
God	1	1	1	3	1	7	4.7
Bartender	1	0	0	0	0	1	0.7
Everybody	2	0	0	0	0	2	1.3
Union	0	0	0	1	0	1	0.7
TV media	1	0	0	0	0	1	0.7
Natural helper	0	0	0	1	0	1	0.7